

**Delaware Health Care Commission**  
**Thursday, February 4, 2016 9:00 a.m.**  
***Outlook at the Duncan Center***  
***5<sup>th</sup> Floor***  
***500 W. Loockerman Street, Dover***

***Meeting Minutes***

**Commission Members Present:** Nancy H. Fan, MD, Chairperson; Theodore W. Becker, Jr.; Susan A. Cycyk, M.Ed, Director of Prevention and Behavioral Health Services, Department of Services for Children, Youth and Their Families; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice L. Lee, MD; Edmondo J. Robinson, MD; and Karen Weldin Stewart.

**Commission Members Absent:** Thomas J. Cook, Secretary of Finance; Kathleen Matt, PhD; and Dennis Rochford.

**Staff Attending:** Laura Howard, Executive Director; Marlyn Marvel, Community Relations Officer; and Valerie Watson, Deputy Director, Department of Finance.

**CALL TO ORDER**

The meeting was called to order at 9:00 a.m. by Dr. Nancy Fan, Commission Chairperson.

**JANUARY 7, 2016 MINUTES**

Ted Becker made a motion that the January 7, 2016 meeting minutes be approved. Dr. Edmondo Robinson seconded the motion. There was a voice vote. Motion carried.

**AFFORDABLE CARE ACT/HEALTH INSURANCE MARKETPLACE UPDATE**

**Delaware's Health Insurance Marketplace: Update on Activities**

Secretary Rita Landgraf presented an update on Delaware's Health Insurance Marketplace. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhcc/presentations.html>.

***Enrollment Update***

- CMS releases weekly 'snapshots' of enrollments in the 38 states that use HealthCare.gov
- 26,538 Delawareans had signed up for coverage or had their coverage automatically renewed as of January 23, 2016.
- Snapshots do not specify the number of consumers who paid their premiums to activate coverage. But the number of plan selections does reflect cancellations initiated by insurers and consumers before the end of open enrollment. This is a change from last year and results in a larger number of cancellations being accounted for during open enrollment.
- Previously, cancellations from insurers were reflected only in reports after open enrollment.

- On January 7, 2016, HHS released details on plan selections as of Dec. 26, 2015. In Delaware:
  - 22% were new signups and 78% were renewals, either active (41%) or automatic (37%)
  - By age:
    - 28% were 55-64
    - 21% were 45-54
    - 14% were 35-44
    - 3% were 18-34
    - 13% under 18
  - 55% female, 45% male
  - 0% white, 12% African-American, 9% Asian, 7% Latino
  - 61% picked silver plans, 21% bronze, 14% gold, 3% platinum, less than 1% catastrophic

### ***Filing 2015 Taxes***

- Individuals who enrolled through the Marketplace in 2015 should have received Form 1095-A in the mail by February 1. It is also available on their HealthCare.gov account. The Marketplace sends this form, which gives information about the filer's health coverage.
- Individuals should wait to file their returns until they receive Form 1095-A. Use the form to complete IRS Form 8962 and reconcile advance payments of the premium tax credit or claim the credit on your tax return.
- Insurance companies and other health-insurance providers have until March 31 to send a similar form, 1095-B, to their customers. This form might help you prepare your return but it is not required; you may file without it.
- More information: [www.healthcare.gov/taxes/](http://www.healthcare.gov/taxes/) or [www.irs.gov/Affordable-Care-Act](http://www.irs.gov/Affordable-Care-Act)

### ***Tax Penalty Reminder***

- Delawareans who went uninsured in 2015 and were not exempt from having coverage will face a penalty of either 2% of their annual household income or \$325 per adult (\$162.50 per child under 18) when they file their 2015 taxes by April 15.
- If individuals did not enroll in coverage for 2016 and do not qualify for an exemption, they will face a greater penalty when they file their 2016 taxes next year -- 2.5% of their annual household income or \$695 per person (\$347.50 per child under 18), whichever is higher.
- Even if individuals pay the penalty, they still don't have health insurance and are responsible for 100% of the cost of medical care.
- Get an estimate of your penalty at [www.ChooseHealthDE.com](http://www.ChooseHealthDE.com).
- See a list of health coverage exemptions at [www.HealthCare.gov](http://www.HealthCare.gov).

### ***IRS Warns Consumers About Tax Scams***

- Unscrupulous tax preparers target some consumers, especially those who speak little English.
- Most people don't owe the penalty, because they are insured or exempt from the requirement.

- Undocumented immigrants are not required to have health insurance.
- If you do owe, pay the penalty only with your tax return or in response to a letter from the IRS. Never pay directly to an individual or tax-return preparer.
- [www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Consumer-Alert-Choose-Your-Tax-Preparer-Wisely](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Consumer-Alert-Choose-Your-Tax-Preparer-Wisely)

### ***Discussion***

Nick Moriello, of Health Insurance Associates, stated that there are a couple of things that they noticed during open enrollment that could be better in the future. One of the messages they found that consumers did not understand is the need to pay the initial premium prior to the effective date of the policy that is activated. Particularly consumers who were enrolled in a Marketplace plan in the previous year and had been receiving a tax credit or subsidy may have been accustomed to a 30 to 90 day grace period on their premium. When they changed plans effective on the first of January, February or March, they did not realize that that particular premium did not have a grace period. If it was January 1st and they did not pay it by January 1st the new plan terminated and the old plan was gone. If Health Insurance Associates caught it they were getting the people back in the system for February 1st but it created a gap in coverage. If that happens with the March 1st consumers open enrollment will have ended. In the future it needs to be communicated to anyone making changes and paying for a new plan for the first time that the first payment does not have a grace period time frame.

Mr. Moriello stated that in rounds one and two they had asked for more communication with consumers when things were needed, such as information about their income or proof of their residency. There was a lot of that type of information available to consumers this year. In past years it was available only when they logged into Healthcare.gov. After people enrolled they were not logging back in. As a result, they need something other than just a message in Healthcare.gov, such as a letter, phone call, or email. This year they were receiving letters, phone calls and emails, but they were not refreshing properly. People selected and paid for a new plan, but were still receiving correspondence saying that they have to select a plan. It was confusing them because it did not refresh and it did not stop the correspondence.

Mr. Moriello stated that they were pleased to see tighter controls on the Special Enrollment Periods (SEPs) because what they have seen from their insurance carrier partners nationwide is that the losses they have experienced on SEP business are greater than the losses they have experienced on open enrollment business. That has caused many chain reaction negative effects. Anything that can be done to convey the message to be tighter, not just on what qualifies as an SEP, but also proof of that SEP will help everyone involved.

With regard to the scams related to the IRS and paying the tax penalty, Mr. Moriello stated that one of the other things that they have started to notice a lot of toward the end of open enrollment are alternate types of insurance that people could buy that are not a credible health plan. In addition, the places that they are buying these from are not traditional agents and brokers. They are not navigators or application counselors. They are primarily call center based places and they are not making it clear to the consumer that what they are buying is not credible coverage.

When Health Insurance Associates agents and brokers find these consumers they ask them if they understand that they are going to pay the tax penalty because they cannot just check a box and say that they are insured. They tell them that they are going to need a form 1095 to show that they have had credible coverage and they are not going to receive one from these types of plans.

Dr. Fan asked if they have a list of who those vendors are. Mr. Moriello stated that they have not been able to track down who the centers are. They seem to be off shore call centers.

Frank Pyle, of the Department of Insurance, stated that they are targeting companies that are doing that. One of the issues is that instead of going to [healthcare.gov](http://healthcare.gov) or [choosehealthde.com](http://choosehealthde.com), people google Obamacare and are being directed to some other site. They are proactively trying to do what they can to stop this scam.

John Dodd, of Brooks and Dodd Consulting, asked if the websites look like an Obamacare site. Secretary Landgraf stated that some of them look like they are a government site. She is glad to know that the Department of Insurance is familiar with this issue and looking into it. The Department of Health and Social Services will work with the Department of Insurance.

Dr. Cathy Zorc, a physician with Nemours, asked if someone will be considered to be covered if they have coverage for any part of a year. For example, if someone is enrolled in Medicaid and loses coverage will they pay a penalty? Is there a certain time frame where individuals are required to have coverage?

Laura Howard stated that the penalty is prorated. For example, an individual will receive the form 1095A and it will say that they had coverage for January, February and March. If they did not have any other coverage from April to December their penalty would be calculated on the months that they did not have coverage. The penalty is prorated based on the amount of time that they were without coverage.

## **CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI)**

### **Delaware's State Innovation Model (SIM) Update**

Laura Howard gave an update on the CMMI State Innovation Models Project (SIM). A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhcc/presentations.html>.

### ***SIM activities updates***

### **RFP Released: Graduate Health Professionals Education Consortium and Health Care workforce Curriculum**

- An RFP has been released to support two related components of our SIM Workforce and Education Strategy:
  - A. Facilitation of the Graduate Health Professional Education Consortium

- To foster the development of innovative teaching programs in Delaware that provide interdisciplinary training opportunities, support the principles of team-based care, and foster new service delivery models
- B. Development of the Health Care Workforce Learning/Re-Learning Curriculum
  - To prepare Delaware's current and emerging health workforce to practice within Delaware's newly transformed system of care
- Bidders may choose to bid on one or both components
- A mandatory pre-bid meeting will take place on February 15 at 10:00am, and proposals are due on March 18 at 11:00 am

#### Recent SIM Grant Activities

- The HCC partnered with Christiana Care and Bayhealth to hold Practice Transformation vendor events for primary care practices on January 11-12, attracting over 30 practices from across the state
- Enrollment in Practice Transformation support is now underway
- Visit <http://www.dehealthinnovation.org> for more information on available Practice Transformation support for primary care
- The SIM Operational Plan for 2016 has been accepted by CMMI
- Year 2 of the grant began on Feb. 1 and is considered the first implementation year

#### ***DCHI Board Updates***

##### Summary of January DCHI Board Meeting

- DCHI Executive Director updated Board on progress made towards DCHI operations and funding opportunities
- Board re-elected Board Chair and Treasurer
- Board adopted a set of guiding principles on DCHI Board and Committee operating norms
- Approved the DCHI Consensus Paper on Integration of Behavioral Health and Primary Care
- Approved the DCHI Consensus Paper on Healthy Neighborhoods Rollout Approach
- Approved the DCHI Consensus Paper on Care Coordination as an Extension of Primary Care
- Reviewed a draft of the DCHI Consensus Paper on Outcomes-Based Payment for Population Health Management
  - Feedback on the paper was requested to be sent to the Chair of the Payment Committee

##### Recent DCHI focus areas

- Beginning outreach to Healthy Neighborhoods Wave 1 communities and seeking opportunities for grant funding to support implementation
- Continuing Practice Transformation outreach and monitoring practice enrollment in collaboration with HCC

- Conducting stakeholder engagement survey focused on workforce licensing and credentialing processes
- Beginning work on v2.0 of the Common Scorecard to prepare for statewide release in the spring
- Finalizing white paper on value-based payment and convening work group to study options for an all payer claims database
- Finalizing DCHI's overall program dashboard to measure progress against health system transformation goals

The next meeting of the DCHI Board will be held on February 10, 2016 at 2:00 p.m. at the University of Delaware's STAR Campus.

### **OTHER BUSINESS**

There was an opportunity for other business and there was none.

### **PUBLIC COMMENT**

Dr. Zorc stated that she works in Wilmington at the Saint Francis Hospital and with one of the Nemours Primary Care practices. She has been working with the Division of Family Services on the health of children in foster care.

There are about 600 children in foster care. These children do not fall within Dr. Zorc's practice under her control, Nemours or the American Academy of Pediatrics. It is up to the State and she thinks that the SIM work is exactly the type of work that helps show a model of care for these types of children. Other states have done amazing things bringing partners together from the private and public sectors to look at the system for foster care children. Dr. Zorc asked if the Health Care Commission could take a look at the work that she has been doing. The Division of Family Services is very interested and she has done what she can to bring the University of Delaware along as a partner. She would like the Health Care Commission to help lend some guidance to the work and identify next steps.

Secretary Landgraf stated that Dr. Zorc has brought to the Commission's attention that children in foster care are a vulnerable population and the Commission's commitment is to look at individuals across those spectrums that are most vulnerable and have the lowest of health outcomes. The Centers for Disease Control and Prevention report will also lend support to this level of work and how to intervene earlier as opposed to later when vulnerable populations become increasingly vulnerable, largely because of the trauma that they continuously face.

Dr. Zorc stated that she would be happy to provide the Commission with a 10 minute presentation. Secretary Landgraf stated that would be beneficial. Dr. Fan stated that Dr. Zorc shared some paperwork with her that she will share with the Health Care Commission members.

Susan Cycyk stated that the Department of Services for Children, Youth and Their Families has a consultation agreement with Tufts University that has specifically started to look into the health care of children in foster care. The Division of Prevention and Behavioral Health Services has two child psychiatrists on the committee. The Department has contracted with a pharmacist who

was also on the committee. The Tufts consultation was focused on children in foster care. There is a lot that can be done in the Department for vulnerable children that they do not want to ever have to experience foster care. They are looking at medical help for all of the children that come into the Department. The state plan includes the opportunity for the billing system and financial record keeping for children in the Department to become part of DMMA's system, which is Medicaid. Part of the problem of managing the health care for children is that if they receive behavioral health care from the Division of Prevention and Behavioral Health Services, it is not linked to the same billing system as if they receive it from Medicaid, so if they move from an outpatient provider funded by Medicaid to a residential treatment center provided by the Division, the linkage for a lot of information is not there.

Ms. Cycyk stated that she and Secretary Landgraf attended a Behavioral Health Task Force meeting last night for public comment. It was exciting and positive to hear the number of people who talked about the value and benefit of the integration of behavioral health and primary care and the caution they have about making sure that, as Delaware shifts into the new ways to do business, it does not lose too much in the process.

Mr. Dodd stated that he was consulting with the National Board of Health IT on foster care, Medicaid, and behavioral health. There was an initiative in eight states that volunteered and Minnesota was the leader of it. There were a lot of initiatives by Oregon, Utah, West Virginia and different states on foster care and high risk children. He has the materials and contact information. If they were in Medicaid, ACM and the Justice Department were engaged and they have a strong interest in that but they wanted it to be a multistate activity. It was called Strategic Transformation of Useable Technology and it included foster care and behavioral health.

Dr. Fan stated that she definitely thinks that the Health Care Commission would be interested in the models that are in other states, how that is working for them and how they managed to network resources.

Jonathan Kirch, of the American Heart Association, stated with regard to the oversight role of the Commission with the SIM and DCHI work, he wanted to make a couple of comments about the Healthy Neighborhood work and urge the larger Board and the Commission to try to take a look at some large and innovative thinking about how to sustain and fund the concepts that work stream is dealing with. He is deeply concerned that if they are simply talking about targeted piecemeal grants to fund projects they are not really talking about true transformation or innovation. He wants the work to truly be sustainable and transformative. He is concerned that if the thinking is not broader that is unlikely to occur.

Dr. Edmondo Robinson stated that he shares that concern. It often is the case where people are chasing grants as opposed to actually building programs. There are a couple of ways to approach what Mr. Kirch described about really thinking about transforming and change. Part of the challenge is that it is necessary to start somewhere and actually prove a little bit of concept in some ways in order to have enough to be able to build a sustainable transformational ramp. There are different ways and approaches. He learned about it when he was in the United Kingdom and they have 60 years of work around how to actually think about healthy

neighborhoods. It still starts in certain places, certain pockets, so it is important to keep that concern at the top of the line to get something moving.

Julane Armbrister, of the Delaware Center for Health Innovation, stated that they share Mr. Kirch and Dr. Robinson's concerns and their points are very well taken. They are forming a subcommittee to look at the issue of sustainability going forward. They are looking for volunteers to serve on the subcommittee.

Dr. Fan stated, with regard to innovation and transformation grants, it is required that some form of sustainability of the program beyond the grant period be built into the transformation proposal. The SIM grant required the Commission to provide a budget demonstrating that they could last beyond the four year grant period with a sustainable program and what the resources are within the state to be able to do that.

Lolita Lopez, of Westside Family Healthcare, stated that once they get people together at the table with the same purpose, they will be able to form a sustainability plan. Sustainability is on the top of the agenda and has been for two years.

Dr. Robinson stated that the Commission needs to have a strategy and a vision about what it is going to build. Then it needs to determine how it will be sustained once it is built.

#### **NEXT MEETING**

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on Thursday, March 3, 2016 at the Delaware Tech Terry Campus Corporate Training Center, Rooms 400A & B, 100 Campus Drive, Dover.

#### **ADJOURN**

The meeting adjourned at 10:20 a.m.

## **GUESTS**

Corinne Armann	Rebecca Batson Kidner, PA
Julane Armbrister	Delaware Center for Health Innovation
Helen Arthur	Delaware Health Care Commission
Carol Bancroftt	Delaware Technical Community College
Judy Chaconas	Division of Public Health
Eschalla Clarke	Delaware Health Care Commission
Kathy Collison	Division of Public Health
William Derbyshire	DPBHS
John Dodd	Brooks & Dodd Consulting
Marge Fleming-Smith	Parkinson Action Network
Ephraim Kaba	Henrietta Johnson Medical Center
Jonathan Kirch	American Heart Association/American Stroke Association
Judy Lapinski	MACHC
Lolita Lopez	Westside Family Healthcare
Cheyenne Luzader	Beebe HealthcareDevelopmental Disabilities Council
Fleur McKendell	Department of Insurance
Julane Miller-Armbrister	Delaware Center for Health Innovation
Nick Moriello	Health Insurance Associates
R.W. Munson, Jr.	United Medical
James Nutter	Parkowski, Guerke & Swayze, P.A.
Pat Panzer	Henrietta Johnson Medical Center
Cimone Philpotts	Senator Coons
Maria Pippidis	University of Delaware
Pam Price	Highmark
Frank Pyle	Department of Insurance
Hiran Ratnayake	Christiana Care Health System
Paula Roy	Roy Associates/DCSN
Wayne Smith	Delaware Healthcare Association
Duane Taylor	MACHC
Shari Thomassen	Nemours
Mark Thompson	Medical Society of Delaware
Jose Tieso	HPES DMMA
Bhavana Viswanathan	University of DE Center for Disabilities Studies
John Walsh	AARP
Catherine Zorc, MD	Nemours